



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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1. Application Date <b>Sept 5, 1972</b>	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. <b>13</b>		Date Received <b>OCT 3 1972</b>	Date Completed <b>295 OCT 5 1972</b>
3. AGENCY, Division, Subdivision & Administering Office Address <b>Fiscal Office Georgia Department of Agriculture 19 Hunter Street, SW, Atlanta, Ga. 30334</b>		4. Person to Contact <b>Alton Butler</b>	
		5. Working Title <b>Fiscal Officer</b>	6. Tel. No. <b>656-3612</b>

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series <b>FY1967 to date</b>	9. Exact Series Title <b>Daily Remittance Vouchers Revenue Collections Files</b>
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10. What is the function of the office in which this record series is created?

The Fiscal Office (General Accounting) receives and disburses funds which are necessary for the operation of the Department of Agriculture. These Daily Remittance Vouchers Revenue Collections Files are necessary to establish the accountability of funds received by the various Divisions and Sections which collect money as a result of daily operations and forward to the Fiscal Office.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the receipt of funds from the public by the various offices of the Department as the result of their daily operations.

Documents included are:

Letters of Transmittal

Printed Forms - various copies attached.

Files are arranged on a daily basis and are so arranged to correspond to the deposit slip on a particular date.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers	16	24		3	6		
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)		In Storage Area(s)	
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ [ ]
14. Is there a duplication of this series in another office or agency?  
**Each office that submits a report** ☒ [X] ☐ [ ]
15. Is the information contained in this series ever summarized or published?  
 Attach copy of summary or publication. ☐ [ ] ☒ [X]
16. Does the series contain classified information requiring security handling? ☐ [ ] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [ ] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [ ] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [ ] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [ ] ☒ [X]

24. **REQUIREMENTS.** The following requires the files to be kept 4 years:

- a. ☐ [ ] STATE LAW    b. ☐ [ ] STATUTE OF LIMITATION    c. ☐ [ ] AUDIT PERIOD    d. ☐ [ ] FEDERAL LAW    e. ☒ [X] ADMINISTRATIVE DECISION    f. ☐ [ ] HISTORICAL VALUE  
 (Cite Law, Statute, or other reason for the retention requirement)

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☐ [ ] CALENDAR YEAR ☒ [X] FISCAL YEAR ☐ [ ] OTHER \_\_\_\_\_, then:

- ☒ [X] Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s):
- ☒ [X] Transfer to ☒ [X] State Records Center ☐ [ ] Local Holding Area; hold 3 year(s):
- ☒ [X] Destroy.
- ☐ [ ] Transfer to State Archives for permanent retention.
- ☐ [ ] Destroy immediately after cut-off.
- ☐ [ ] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Ellie D. Liles</i>	9-5-72		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Ellie D. Liles</i>	9-5-72
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>William M. Dyer</i>	10-4-72
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>Carroll Hays</i>	10-3-72
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [ ] Disapproved	<i>M. D. H. Hays</i>	10-4-72

STATE RECORDS  
COMMITTEE